TOWN OF WAPPINGER PLANNING BOARD

Application No.	
Date Received:	
Fee Received:	

APPLICATION FOR A CONCEPTUAL

,	ESS OF AFFLICANT	(Corporation or Individual):	
Street	Town	State	Zip
Contact Person	Phone Number	Fax Number	
NAME & ADDR	ESS OF OWNER (Co	poration or Individual):	
Street	Town	State	Zip
Contact Person	Phone Number	Fax Number	
Grid No			
Please specify u	se or uses of building	and amount of floor area	devoted to e
Existing Use:			
Proposed Use: _			444
Location of Pro	perty:		
Zoning District:			
Anticipated No.	of Employees:		
Existing No. of I	Parking Spaces:	Proposed No. of Par	king Space
Type Name (Co	orporation, LLC, Inc	lividual, etc.)	and the second s
Date	**	Owner or representativ	e's signatur
Owner's Telephone No.		Type Name and	Title ***
		••	

***If this is a Corporation or LLC please provide documentation of authority to sign.

Note:

- THERE IS A \$ 250.00 APPLICATION FEE
- Application Fees are non-refundable.
- ATTACH A TYPED NARRATIVE DESCRIBING YOUR PROPOSED PROJECT IN COMPLETE DETAIL:
- ATTACH A SITE PLAN (INCLUDE 12 COPIES)
- ATTACH AN OWNER'S CONSENT



Town of Wappinger 20 Middlebush Road

Wappingers Falls, NY 12590

Planning Department
Office: 845.297.1373 ~ Fax: 845.297-0579
www.brobertl@townofwappinger.us

Owner Consent Form

To be filed when the applicant is not the building or property owner

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Project #	Date:
Grid #	
Location of project:	
	d phone number
Print name and	d phone number
Description of project:	
•	
Ţ	, owner of the above
land/site/building hereby give permiss application in accordance with local ar	sion for the Town of Wappinger to approve or deny the above and state codes and ordinances.
Date	Owner's Signature
Owner's Telephone No.	Print Name and Title ***
-	Owner's Address
***If this is a Corporation or LLC p	please provide documentation of authority to sign.

If this is a subdivision application, please provide a copy of the deed.